

EXHIBIT 38


9/17/2012 Autopsy Protocol

11-02791 WILLIAMS, DEREK

Milwaukee County Medical Examiner
933 W. Highland Avenue
Milwaukee, WI 53233

AUTOPSY PROTOCOL

NAME: WILLIAMS, DEREK SEX: MALE AGE: 22 YEARS
DOB: 01/23/1989
DATE OF DEATH: JULY 6, 2011 TIME: 0141HOURS
DATE OF AUTOPSY: JULY 6, 2011 TIME: 0900 HOURS
PLACE OF AUTOPSY: Milwaukee County Medical Examiner's Office
PERFORMED BY: Christopher K. Poulos, MD
Assistant Medical Examiner
WITNESSED BY: Amanda Meeker
Forensic Pathology Assistant
Michael Braunreiter, PSSI
Milwaukee Police Department
Leonard Hodkiewicz, PSSI
Milwaukee Police Department
Dawn Veytsman
Bureau of Identification Technician
Milwaukee Police Department
CAUSE OF DEATH: Sick Cell Crisis
DUE TO: Flight From And Altercation With Police
OTHER SIGNIFICANT CONDITIONS: Sick Cell Trait
MANNER OF DEATH: Homicide

Signed  9/18/12
Christopher K. Poulos, MD Date Signed
Assistant Medical Examiner

Reviewed By  9/17/12
Brian L. Peterson, MD Date Signed
Chief Medical Examiner

NOTES BY: WE TYPE/SG, MEDICAL TRANSCRIBER

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AUTOPSY PROTOCOL

Final Diagnoses:

- I. Sickle cell crisis
 - A. Sickle thrombi throughout multiple organ systems
 - B. Medical history of sickle cell trait
 - C. Reported history of dyspnea following altercation with police and prior to becoming unresponsive
- II. Blunt force injuries
 - A. Blunt force injures of the head and neck
 - 1. Laceration and abrasion of the neck
 - 2. Fracture of the left side of the hyoid bone
 - B. Blunt force injuries of the torso
 - 1. Abrasions of the abdomen and back
 - 2. Subcutaneous hemorrhage of the lumbar back
 - C. Blunt force injuries of the extremities
 - 1. Abrasions of all extremities
 - 2. Contusion of the right hand
 - 3. Subcutaneous hemorrhage of the left elbow
- III. Status post resuscitation
- IV. See separate toxicology report

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WITNESSES:

Personnel present during portions of the autopsy include Christopher K. Poulos, MD, Assistant Medical Examiner; Amanda Meeker, Forensic Pathology Assistant; Michael Braunreiter, PSSI, Milwaukee Police Department; Leonard Hodkiewicz, PSSI, Milwaukee Police Department; and Dawn Veytsman, Bureau of Identification Technician, Milwaukee Police Department.

PHOTOGRAPHS:

Photographs are taken during the autopsy by Christopher K. Poulos, MD, Assistant Medical Examiner; Amanda Meeker, Forensic Pathology Assistant; Michael Braunreiter, PSSI, Milwaukee Police Department; and Dawn Veytsman, Bureau of Identification Technician, Milwaukee Police Department.

IDENTIFICATION:

The body is identified by Sharday Rose, girlfriend of the decedent, in person on July 6, 2011. At the time of autopsy, the body is identified with a Milwaukee County Medical Examiner's toe tag.

CLOTHING:

The body is received dressed in a cloth belt with a gray metal buckle, blue denim shorts with tears, plaid boxer-type undershorts, and yellow metal coverings for the upper incisors.

GENERAL EXTERNAL EXAMINATION:

The body is that of a well developed, thin (body mass index of 19.4), adult African American male who weighs 135 pounds, is 70 inches in length, and appears compatible with the reported age of 22 years.

The body is cool. Rigor mortis is fully fixed in the muscles of the jaw and extremities. Faint, blanchable purple livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure.

HEAD: The head is normocephalic. The scalp hair is brown-black, curly, and less than 1/4 inch in length over the crown. **EYES:** The irides are brown. The corneae are translucent. The sclerae are white and the conjunctivae are markedly congested. No

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petechial hemorrhages are identified on the sclerae or conjunctivae. **NOSE:** The nose is normally formed and the septum is in the midline. **MOUTH:** The anterior teeth are natural and in good condition. **EARS:** The ears are unremarkable and appear to be pierced once bilaterally. **FACE:** The decedent wears a chin beard.

NECK:

The neck organs are in the normal midline position and appear unremarkable.

CHEST:

The thorax is well developed and symmetrical.

ABDOMEN:

The abdomen is soft and flat.

GENITALIA:

The external genitalia are those of a normal adult male. The testes are bilaterally descended within the scrotum. The penis appears to be circumcised.

ANUS:

The anus is free of lesions.

EXTREMITIES:

UPPER EXTREMITIES: The upper extremities are well developed and symmetrical without absence of digits. The hands have unbroken, irregular-length, slightly dirty fingernails. **LOWER EXTREMITIES:** The lower extremities are well developed and symmetrical without absence of digits.

BACK:

The spine is normally formed and the surface of the back is free of lesions.

IDENTIFYING MARKS, SCARS, AND TATTOOS:

Identifying marks, scars, and tattoos include: a 1/4-inch hypopigmented scar on the dorsum of the right hand; a 1/2 x 1/4 inch hypopigmented scar of the left knee; a 1/2 x 1/4 inch irregular scar on the right knee; a 1-inch oblique scar on the posterior aspect of the left lower leg; a complex tattoo on the dorsum of the right forearm including the number "100", a cartoon-like figure holding a gun, and the words "The Game I Love It";

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a tattoo on the dorsum of the left forearm of a cartoon-like figure and the words "Shame I Hate It"; a tattoo of a red incision-like defect by the right eye; and a tattoo of three money-type bills near the left eye.

EVIDENCE OF MEDICAL INTERVENTION:

Evidence of medical intervention includes: an endotracheal tube in the appropriate position; defibrillator pads on the chest; and a peripheral intravenous line in the left antecubital fossa.

EVIDENCE OF INJURY:**BLUNT FORCE INJURIES OF THE HEAD AND NECK:**

Blunt force injuries of the head and neck include a 1/8-inch superficial partial-thickness laceration with a depth of less than 1/8 inch on the right side of the neck, a 1 x 1/4 inch dried red abrasion on the left side of the neck, and a fracture of the left side of the hyoid bone with slight associated hemorrhage.

BLUNT FORCE INJURIES OF THE TORSO:

Blunt force injuries of the torso include a 3 x 1/8 inch red abrasion on the left side of the abdomen, a 5-1/2-inch curvilinear discontinuous superficial scratch-like abrasion on the left side of the abdomen, a 1-1/2-inch discontinuous superficial scratch-like abrasion on the left side of the abdomen, and a 1-inch discontinuous superficial scratch-like abrasion on the left side of the lumbar back. Reflection of the skin of the back reveals a 3/4 x 1/2 inch area of subcutaneous hemorrhage of the lumbar back.

BLUNT FORCE INJURIES OF THE EXTREMITIES:

Blunt force injuries of the right upper extremity include a 3/8-inch dried red abrasion on the posterior aspect of the right elbow; a 3/4-inch dried red abrasion on the posterior aspect of the right elbow; two, 1/4-inch red abrasions on the dorsum of the right wrist; two, parallel 1/2-inch abrasions on the medial aspect of the right wrist without associated hemorrhage; and a 2 x 1-1/4 inch purple confusion on the dorsum of the right hand.

Blunt force injuries of the left upper extremity include a 1/4-inch superficial scratch-like abrasion on the dorsum of the left forearm and a 1/4-inch healing red abrasion on the dorsum of the left thumb. Reflection of the skin of the extremities reveals a 1/4-inch area of subcutaneous hemorrhage of the left elbow.

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Blunt force injuries of the right lower extremity include a 1/8-inch dried red abrasion on the anterior aspect of the right thigh; a 1/4-inch superficial scratch-like abrasion on the anterior aspect of the right thigh; a 1/2-inch discontinuous red abrasion on the anterior aspect of the right lower leg; a 1-inch discontinuous superficial scratch-like abrasion on the anterior aspect of the right lower leg; a 1/4-inch superficial scratch-like abrasion of the anterior aspect of the right lower leg; a 1/4-inch dried red abrasion on the dorsum of the right foot; a 1/16-inch dried red abrasion of the second digit of the right foot; three, dried red abrasions ranging between 1/16 and 1/8 inch on the dorsum of the third digit of the right foot; and a 1 x 1-1/2 inch dried red abrasion consistent with a torn blister on the ventral aspect of the right great toe

Blunt force injuries of the left lower extremity include a 1/4-inch superficial scratch-like abrasion of the posterior aspect of the left thigh, a 1-inch superficial scratch-like abrasion of the posterior aspect of the left thigh, a 1-inch superficial scratch-like abrasion of the posteromedial aspect of the left thigh, a 1-1/2 x 1/4 inch dried red abrasion of the anterior aspect of the left lower leg, a 3/8-inch dried red abrasion of the anterior aspect of the left lower leg, a 1/2 x 1/4 inch dried red abrasion on the dorsum of the left great toe, a 1/8-inch dried red abrasion on the posterior aspect of the left lower leg, and a 1/2 x 3/8 inch dried red abrasion consistent with an open blister on the ventral aspect of the left great toe.

These injuries, having been described once, will not be repeated.

GENERAL INTERNAL EXAMINATION:

The body is opened with a routine thoracoabdominal incision. The skeletal muscle has a dark red-brown color and a normal smooth texture.

BODY CAVITIES:

No adhesions or abnormal collections of fluid are in the pleural spaces or peritoneal cavity. All body organs are in normal and anatomic position. The serous surfaces and pericardium are smooth and glistening.

CARDIOVASCULAR SYSTEM:

HEART: The heart weighs 320 grams. The coronary arteries arise normally and follow the distribution of a right dominant pattern with no significant atherosclerosis. A 2.0 cm area of shallow left anterior descending coronary artery muscular bridging is identified. The chambers and valves are proportionate. The valves are normally formed, thin and

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pliable and free of vegetations and degenerative changes. The following circumferential valve measurements are obtained: tricuspid valve, 12.0 cm; pulmonic valve, 7.0 cm; mitral valve, 11.0 cm; and aortic valve, 6.0 cm. The myocardium is dark red-brown, firm, and free of fibrosis, erythema, pallor and softening. The atrial and ventricular septa are intact and the septum and free walls are free of muscular bulges. The left ventricle measures 1.6 cm and the right ventricle measures 0.6 cm in thickness as measured 1.0 cm below the respective atrioventricular valve annulus. The interventricular septum measures 1.5 cm in thickness. **AORTA:** The aorta and its major branches arise normally and follow the usual course, with no significant atherosclerosis. The orifices of the major aortic vascular branches are patent. The vena cava and its major tributaries are patent and return to the heart in the usual distribution and are unremarkable.

RESPIRATORY SYSTEM:

The right and left lungs weigh 450 and 400 grams, respectively. The upper and lower airways are unobstructed and the mucosal surfaces are smooth and yellow-tan. The pleural surfaces are smooth, glistening, minimally anthracotic and have rare very small apical bullae. The pulmonary parenchyma is dark red-purple and free of consolidation and masses. The cut surfaces of the lungs exude slight amounts of blood and frothy fluid. The pulmonary arteries are normally developed and unremarkable. There is no saddle embolus on *in situ* examination of the pulmonary trunk.

LIVER AND BILIARY SYSTEM:

LIVER: The liver weighs 1530 grams. The hepatic capsule is smooth, glistening, and intact, covering a red-brown parenchyma. **GALLBLADDER:** A thin-walled gallbladder contains watery bile without stones.

PANCREAS:

The pancreas has a normal size, shape, position, and tan lobulated appearance.

ADRENAL GLANDS:

The adrenal glands have normal cut surfaces with yellow cortex and brown medulla.

SPLEEN:

The spleen weighs 130 grams and has a smooth intact capsule covering a red-purple moderately firm parenchyma.

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GASTROINTESTINAL TRACT:

ESOPHAGUS: The esophagus is lined by a gray-white smooth mucosa. **STOMACH:** The gastroesophageal junction is unremarkable. The gastric mucosa is arranged in the usual rugal folds and the lumen is empty. **SMALL AND LARGE INTESTINE:** The small bowel has uniform dimension and appears unremarkable. The vermiform appendix is present. The colon has uniform dimension and appears externally unremarkable. There are no diverticula or externally obvious masses. The small bowel contains partially digested food. There are no mucosal lesions of the small or large bowel. The colon contains semi-formed stool.

GENITOURINARY TRACT:

KIDNEYS: The right and left kidneys weigh 110 grams, each. The renal capsules are smooth, thin, semitransparent, and strip with ease from the underlying smooth, red-brown, firm, cortical surfaces. The cortices are of normal thickness and delineated from the medullary pyramids. The calyces, pelves, and ureters are non-dilated and free of stones. **BLADDER:** The urinary bladder contains clear yellow urine. The bladder mucosa is gray-tan and smooth. **MALE INTERNAL GENITALIA:** The prostate has a tan cut surface and is not enlarged.

NECK:

See "Evidence of Injury". An anterior neck dissection is performed. Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone is fractured as previously described and the thyroid cartilage is intact. The laryngeal mucosa is unremarkable. The thyroid gland is of normal position, size and texture. The tongue is normal.

HEAD:

Reflection of the scalp reveals no abnormalities. The calvarium is of normal thickness and without fracture. The brain weighs 1350 grams. The dura mater and falx cerebri are intact, and not adherent to the brain. The leptomeninges are thin, markedly congested, and transparent. There is no epidural, subdural or subarachnoid hemorrhage. The cerebral hemispheres are symmetrical with a normal gyral pattern. The structures at the base of the brain, including cranial nerves and blood vessels, are free of abnormality. Sections through the brain reveal no contusions, hemorrhage, or mass lesions within the cerebral hemispheres, brainstem or cerebellum. The cerebral ventricles are of normal caliber.

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MUSCULOSKELETAL SYSTEM:

The bony framework, supporting musculature, and soft tissues are not unusual. The cervical spinal column is stable on internal palpation.

ADDITIONAL DISSECTION:

The testicles are examined and without evidence of injury.

The skin of the back and extremities is reflected to expose underlying areas of soft tissue.

SPECIMENS:

At the time of autopsy, vitreous, iliac blood, urine, liver, bile, and head hair sample are retained.

EVIDENCE:

Evidence collected at autopsy includes: DNA blood card, hand bags, head hair pluckings, and fingernail clippings.

HISTOLOGY:**SLIDE INDEX:**

Slide #1 Right Coronary Artery, Right Ventricle, Right Upper Lung Lobe

Slide #2 Interventricular Septum, Circumflex Coronary Artery, Right Middle Lung Lobe

Slide #3 Left Ventricle, Right Lower Lung Lobe, Left Anterior Descending Coronary Artery

Slide #4 Liver, Pancreas, Left Upper Lung Lobe

Slide #5 Left Lower Lung Lobe, Kidneys

Slide #6 Spleen

Slide #7 Frontal Cerebral Cortex, Hippocampus

Slide #8 Basal Ganglia, Occipital Cerebral Cortex

Slide #9 Cerebellum, Pons

MICROSCOPIC DESCRIPTION:

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Heart and Coronary Arteries: Histologic sections of the major coronary arteries are without significant pathologic changes. Microscopic examination of the right ventricular, septal, and left ventricular myocardium reveals numerous blood vessels occluded by aggregates of sickled red blood cells and no additional pathologic changes.

Lungs: Sections of the pulmonic parenchyma are remarkable for marked vascular congestion and small vessels occluded by aggregates of sickled red blood cells. Additionally, numerous pigment-laden macrophages are within alveoli.

Liver: A section of the liver is remarkable for centrilobular and sinusoidal congestion, with no additional significant pathologic changes.

Spleen: A section of the spleen is remarkable for marked vascular distension by aggregates of sickled red blood cells.

Pancreas: A section of the pancreas does not demonstrate significant pathologic changes.

Kidneys: Sections of the kidneys are remarkable for aggregates of sickled red blood cells occluding numerous vascular spaces.

Central Nervous System: Histologic sections from the central nervous system are examined and are remarkable for marked vascular congestion and occasional vascular lumens occluded by sickled red blood cells. No additional significant pathologic changes are identified.